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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. <span style="float: right;">1814-20900 DVF</span> First Inventor <span style="float: right;">Andrew Dale Riley</span> Title <span style="float: right;">Hydraulic Retention System for Reciprocating Pump</span> Express Mail Label No. <span style="float: right;">EV 303486678 US</span>																	
<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Arlington VA 22313-1450																	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>  2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  3. <input checked="" type="checkbox"/> Specification [Total Pages 13] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure  4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5]  5. Oath and Declaration [Total Pages     ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies																	
		<b>ACCOMPANYING APPLICATION PARTS</b>																	
		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:																	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Continuation  <i>Prior application information:</i> </div> <div> <input type="checkbox"/> Divisional  <i>Examiner</i> </div> <div> <input type="checkbox"/> Continuation-in-Part (CIP)  <i>of prior application No.:</i> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.         </div> <div> <i>Group/Art Unit:</i> </div> </div>																			
<b>19. CORRESPONDENCE ADDRESS</b>																			
<input checked="" type="checkbox"/> Customer Number of Bar Code Label <span style="font-size: 1.2em; font-weight: bold;">23505</span> or <input type="checkbox"/> Correspondence address below																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Address</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>				Name				Address				City	State	Zip Code		Country	Telephone	Fax	
Name																			
Address																			
City	State	Zip Code																	
Country	Telephone	Fax																	
Name (Print/Type)		DEREK V. FORINASH																	
Registration No. (Attorney/Agent)		47,231																	
Signature		Date October 23, 2003																	

The collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.**

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# FEE TRANSMITTAL

## For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 982.00

## Complete if Known

Application Number

Filing Date

First Named Inventor

Andrew Dale Riley

Examiner Name

Art Unit

Attorney Docket No.

1814-20900

## METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	1001 770	Utility filing fee	\$770.00
1002 340	2002 170	1002 340	Design filing fee	\$
1003 530	2003 265	1003 530	Plant filing fee	\$
1004 770	2004 385	1004 770	Reissue filing fee	\$
1005 160	2005 80	1005 160	Provisional filing fee	\$

SUBTOTAL (1) \$770.00

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
27	20** = 7 x	18.00	= \$126.00
Independent Claims	4 3** = 1 x	86.00	= \$ 86.00
Multiple Dependent		290.00	= \$ 00.00

Large Entity Fee	Small Entity Fee	Code (\$)	Fee Description
1202 18	2202 9	1202 18	Claims in excess of 20
1201 86	2201 43	1201 86	Independent Claims in excess of 3
1203 290	2203 145	1203 290	Multiple dependent claim, if not paid
1204 86	2204 43	1204 86	** Reissue independent claims over original patent
1205 18	2205 9	1205 18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$212.00

\*\* or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)

DEREK V. FORINASH

Registration No.  
(Attorney/Agent)

47,231

Telephone

(713) 238-8000

Signature

Date

October 23, 2003

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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